## **STATEMENT OF**

FORM 1	ORGANIZ (See instructi			Office use only
NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5	Cinc dec cinj
NATIONAL FIS	SHERIES INSTITUTE (FISHPAC)			
ADDRESS	7918 Jones Branch	Drive		
ADDRESS (number and street)	Suite 700			
(Check if address is changed)	McLean			22102
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e	-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
			111111	
2. DATE 0.3	1 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00101204		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (	A)	
I certify that I have exami	ned this Statement and to the best of my kn	owledge and belief it is true, cor	rect and complete	
Type or Print Name of	Treasurer John Connelly			
Signature of Treasurer	Electronically Filed by John Cou	nnelly	_ Date 03	18 2009
NOTE: Submission of fa	se, erroneous, or incomplete information m.			
Office Use Only		For further inform Federal Election Co Toll Free 800-424-	ommission 9530	FEC FORM 1 (Revised 02/2009)